

Mental Illness and Methamphetamine Use in Clark County

According to the Division of Alcohol & Substance Abuse,

- From 2000 to 2001, the number of meth labs and dumpsites in the county increased by over two-thirds,
- Of the five largest counties in the state, Clark County has the highest treatment admissions rate for primary drug of meth,
- Each year, over 930 meth users with a co-occurring mental illness do not receive treatment,
- Nearly 45% of meth users with a mental illness are pregnant and parenting women.

The failure to treat individuals with co- occurring disorders is a **BIG** problem,

- Nationwide, roughly 50% of individuals with severe mental illness are affected by substance abuse,
- The impact on the criminal justice and other social service systems, and our community is substantial.
 - Persons with co-occurring disorders are often living on the streets, or are in jails and prisons,
 - They have higher rates of violence, suicide and emergency room usage,
 - About 39% of the homeless are seriously mentally ill, and about 50% of these have co-occurring substance use disorders,
- Every substance abuser's disability affects at least 5 family members, close friends and co-workers.



SUPPORTED BY
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COMET
Co-Occurring Methamphetamine Expanded Treatment

**For persons with mental illness and
methamphetamine abuse**

About COMET

Co-Occurring Methamphetamine Expanded Treatment

Clark County's Department of Community Services was awarded a three-year, \$1.5 million grant in October of 2004 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop specialized, integrated services for persons with a co-occurring disorder of serious mental illness and methamphetamine (meth) abuse. The chief goal of COMET is to reduce meth use among the seriously mentally ill people in the county and to improve their quality of life.

Partners in providing COMET are Clark County Department of Community Services, Mental Health Northwest, Clark County Council on Alcohol and Drugs (Pacific Crest Consortium). A three-year evaluation of COMET is being conducted by the Regional Research Institute of Portland State University.

The need for integrated services

Mental health services tend not to be well prepared to deal with people having both afflictions. Often only one of the two problems is identified. If both are recognized, the individual may bounce back and forth between services for mental illness and those for substance abuse, or they may be refused treatment by each of them. Fragmented and uncoordinated services create a service gap for persons with co-occurring disorders.



What is effective integrated treatment?

Effective integrated treatment consists of the same caregivers, working in one setting, providing appropriate treatment for both mental health and substance abuse in a coordinated fashion. The staff see to it that interventions are bundled together; the consumers, therefore, receive consistent treatment, with no division between mental health or substance abuse assistance. The approach, philosophy and recommendations are seamless, and the need to consult with separate teams and programs is eliminated.

COMET's way to wellness combines two evidence-based practices

- **Assertive Community Treatment (ACT) for mental illness**
 - Dually trained, seven-person team providing integrated treatment within the community,
 - Available 24 hours, 7 days a week,
 - Highly individualized, strengths based treatment,
 - Helping with a range of needs (psychiatric, medication, medical, housing, employment, etc.),
 - Working with families and natural resources.
- **Matrix Model of structured individual/group treatment for stimulant abuse, and modified for people with mental illness**
 - Education about co-occurring disorders (2 months)
 - Stabilization and Early Recovery Skills (3 months)
 - Relapse Prevention (4 months)
 - Resocialization & Social Support Skills (4 months)
 - Community Maintenance Skills: (5 months)
 - Referral to self-help support groups
 - Family Education groups



"One team in one agency, providing integrated treatment so that the consumer doesn't get lost going back and forth between two different programs"

GOALS OF COMET

• For participants:

To help them to establish a clean and sober lifestyle, to improve the quality of their lives, to improve their physical health, and to reduce episodes of criminality, homelessness, and psychiatric crisis.

• For the community:

To increase the capacity for targeted culturally competent and gender-specific methamphetamine treatment—serve 60 clients per year, 180 over the three-year grant period

To develop an effective, evaluated and manualized approach to treatment of methamphetamine users with co-occurring mental health disorders.

Are there eligibility requirements? How does someone get into COMET?

To be eligible for COMET, a person

1. Must have an Axis I mental health disorder in accordance with the DSM-IV (such as schizophrenia, depression, bipolar disorder, anxiety disorder)
AND
Be abusing or addicted to methamphetamines
2. Be referred by someone in the medical/psychiatric/legal community, state or county agency, or community provider.



Dual diagnosis or integrated services are treatments for people who suffer from co-occurring disorders -- mental illness and substance abuse.